



Lead Update

DOH Soil Hazards Enforcement Policy

Inside this Issue

November 2001

1

DOH Soil Hazards Enforcement Policy
The Parent's Corner

2

Who Are The Unscreened Children In Rhode Island?

Childhood Lead Poisoning Prevention Program Contacts

Division of Family Health (401) 222-2312

Peter Simon, MD, MPH

Medical Director

Magaly Angeloni, BS - Program Manager

Ana Novais-Pittman, MA

Outreach/Education Coordinator

Pat Raymond, RN - Providers' Liaison

Occupational Health Environmental Lead Program (401) 222-2438

Marie Stoeckel, CIH - Chief

Al Cabral, BS - Supervising Industrial Hygienist

Environmental Health Risk Assessment (401) 222-3424

Bob Vanderslice, PhD - Chief

Patrick MacRoy, MA - Epidemiologist

Laboratories: (401) 222-5600

Ken Jones, Dr.PH - Biological Sciences

Jim Sullivan, PhD - Environmental Sciences

Rhode Island Department of Health
Childhood Lead Poisoning Prevention Program
3 Capitol Hill, Room 302
Providence, RI 02908-5097
401-222-2312

The RI Department of Health (HEALTH) has recently revised its policy regarding the enforcement of soil hazards identified during inspections conducted due to a significantly lead poisoned child.

Prior to mid August of 2001, a case was closed if the only outstanding hazards were elevated lead levels in the soil. The property owner was sent a letter describing soil abatement options and informing them of their liability should they fail to correct the hazards, however compliance was not enforced. This policy remained in effect since 1993 due in part to the inability of the courts to effectively prosecute soil issues.

With the cooperation of the Office of the Attorney General, the Providence Inspections & Standards prosecution unit and the Pawtucket Minimum Housing Office, HEALTH now requires soil abatement before a case is considered closed. Failure to comply will result in prosecution by one of the aforementioned agencies. This new policy coincided with amendments to the approved lead hazard reduction techniques for soil contained in the RI Rules and Regulations for Lead Poisoning Prevention.

We are hopeful that the combined policy changes will provide an even greater reduction in the incidence of lead poisoning in Rhode Island. For additional information regarding lead hazard reduction of soil, please contact the Environmental Lead Program at (401) 222-1417.

The Parent's Corner

Hello, my name is Ana, Parent Consultant for the Lead Program. I feel very fortunate to have the opportunity to share my experiences and ideas as a parent. Because my daughter was lead poisoned, I can empathize with many parents who have gone through the heartache of having a lead poisoned child or those parents that are living it at this moment. I will help any way I can. As a Parent Consultant my job is to bring the parent's perspective to the program, help the program become more "parent friendly" and participate in quality assurance activities for the services that are provided to parents. If you would like to contact me please do so, by phone at 222-5374 or by e-mail at ana_reynoso@doh.state.ri.us.

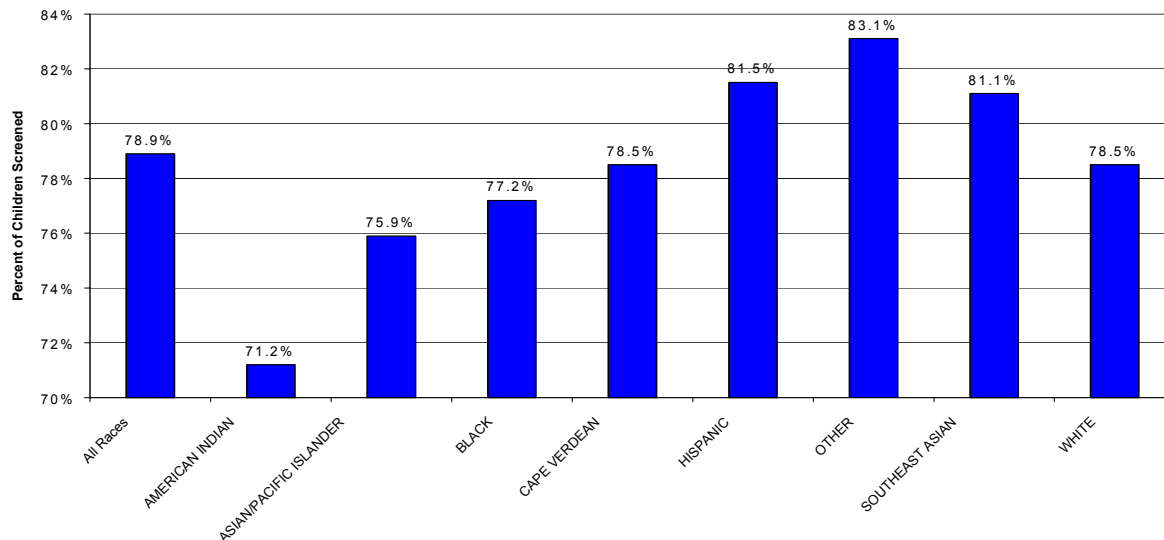
Who Are the Unscreened Children in Rhode Island?

In order to identify children not screened for lead, the Lead Program used KIDSNET data on the population of children in the state and the lead program's data on blood lead levels (BLLs). KIDSNET is a centralized database tracking information on children from several programs in the Department of Health. All children born in Rhode Island starting 1/1/1997 have a record in KIDSNET, and kids moving in from out of state are added if they participate in a KIDSNET linked program or see a KIDSNET linked pediatrician.

The program looked at all children over 1 year of age in KIDSNET and considered children to be "screened" if they have had at least one lead test. Information on demographics was taken from the KIDSNET system.

Statewide, there are 43,401 children enrolled in KIDSNET who turned one by June 2001. Of those, 9,587 have NO record of a lead test. Thus, the statewide screening rate using this approach is 77.9%; on a local level, rates range from a low of 62.5% in Westerly to a high of 88.5% in South Kingstown.

Screening Rates by Race/Ethnicity for Children with a Known Race/Ethnicity



What predicts a lack of screening?

Statewide, after considering the number of children tested in each racial category, there is statistical evidence only to suggest that Black children were tested at a lesser rate than the average for children with racial information. However, the percentage difference is a small one, and there is little reason to believe that race or ethnicity plays a strong role in determining the likelihood that a child gets a lead screening test.

There is a lot of variation by city/town, however there is no variation in general between cities, suburbs or more rural areas. This could suggest that the driving force affecting lead-screening rates is something local and not strongly related to demographics. Factors such as doctors' attitudes towards screening, local awareness efforts and activities could explain the differences in the screening rates.

In the future, the lead program will attempt to definitively determine the cause of local variation, as well as examine the number of children who receive the recommended number of screening tests.